

# DEPENDENT EVAC CLAIM EXAMPLE

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b> <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car, unless you elect a different option: <input type="checkbox"/> a. Pay the entire reimbursement directly to me. <input type="checkbox"/> b. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
<b>2. NAME</b> (Last, First, Middle Initial) (Print or type) COASTIE, JOE		<b>3. GRADE</b> E-6	<b>4. SSN</b> 555-55-5555		<b>5. TYPE OF PAYMENT</b> (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
<b>6. ADDRESS</b> a. NUMBER AND STREET 111 COAST GUARD BLVD		b. CITY NEW ORLEANS	c. STATE LA	d. ZIP CODE 55555			
<b>e. E-MAIL ADDRESS</b>				<b>10. FOR D.O. USE ONLY</b>			
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 555-55-5555		<b>8. TRAVEL ORDER NUMBER</b> 1305#####		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>		<b>a. D.O. VOUCHER NUMBER</b>	
<b>11. ORGANIZATION AND STATION</b>						<b>b. SUBVOUCHER NUMBER</b>	
<b>12. DEPENDENT(S)</b> (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE JANE SPOUSE JENNY DAUGHTER 03/18/1990 JACK SON 05/01/1998				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)		<b>c. PAID BY</b>	
<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain in Remarks)				<b>d. COMPUTATIONS</b>			
<b>15. ITINERARY</b>							
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES		
2005							
08/27	DEP NEW ORLEANS, LA	PA					
08/27	ARR NAS MERIDIAN, MS		TD	12.00	200		
09/02	DEP	PA					
09/02	ARR HOUSTON, TX		TD	70.00	523		
09/10	DEP	PA					
09/10	ARR HOUSTON, TX		MC				
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
<b>16. POC TRAVEL</b> (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER						<b>17. DURATION OF TDY TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS	
<b>18. REIMBURSABLE EXPENSES</b>							
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED				
9/02-9/09	LODGING TAX	56.00	56.00				
8-27	ATM FEE	2.00	2.00				
8/27-9/09	LAUNDRY	6.37	6.37				
SUBSEQUENT CLAIMS:							
TONO-TONO LODGING							
TONO-TONO PER-DIEM							
<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>							
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS				
<b>20.a. CLAIMANT SIGNATURE</b> JOE COASTIE				<b>b. DATE</b> 10SEP05		<b>c. SUPERVISOR SIGNATURE</b>	
<b>21.a. APPROVING OFFICER SIGNATURE</b> AD SIGNATURE						<b>b. DATE</b>	
<b>22. ACCOUNTING CLASSIFICATION</b>							
<b>23. COLLECTION DATA</b>							
<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER POSTED BY</b>		<b>27. RECEIVED</b> (Payee Signature and Date or Check No.)	
<b>28. AMOUNT PAID</b>							